# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 6	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mrs. Jeffie K.		Date Received	
NAME	NICKNAME LAST	SUFFIX	2/13/12 2pm	
	Cappadonna		200	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	1 ~ p~	
OFFICEHOLDER MAILING	12727 Zion Rd.		EX.	
ADDRESS	Tomball, TX 77375		Date Hand-delivered or Postmarked	
change of address	(4		Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	( 28 <b>1</b> ) 351-8949		7/13/12	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER NAME	Mr. Ron		7/13/12	
	nickname last Kirby	SUFFIX		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	2626 John Ben Shepperd P	kwy #B200		
(residence or business)	Odessa, TX 79762-1957			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(432) 550-2708			
1110112				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	X July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		limit	Tana report (Autor Groff 111)	
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	05 / 01 / 2012 THROUGH	07 / 05	/ 2012	
	, , ,	, ,		
11 ELECTION	ELECTION DATE ELECTION TYPE			
TI ELLOTION	Month Day Year Primary	Runoff X	General Special	
	05 / 12 / 2012			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known		
		Tomball City	Council, Pos. 4	
-0 :				
	GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

effie K. C		15 ACCOUNT # (Ethics Commission Filers)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE	COMMITTEE NAME	
GENERAL	COMMITTEE ADDRESS	
S-EOIFIG		
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		\$ 610.17
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00		#IZED \$ 0.00
4. TOTAL	POLITICAL EXPENDITURES	\$ 1,186.26
		DAY \$ 0.00
		THE \$ 0.00
Notary Public, Stat	is true and conectand includes all me under Title 15 Election Code.  PEER of Texas	I information required to be reported by indicate or Officeholder
P / SEAL ABOVE	Toffic V Canadan	<b>n</b> n
scribed before of	me, by the said $\frac{\text{defife R. Cappadon}}{\text{define}}$ , to certify which, witness r	my hand and seal of office.
Sour inistering oath	Doris J. Speer Printed name of officer administering cath	City Secretary Title of officer administering part
	THIS BOX IS FOR NOTIC CANDIDATE / OFFICE CONSENT. CANDIDATE / COMMITTEE TYPE  GENERAL SPECIFIC  1. TOTAL F PLEDGE 2. TOTAL (OTHER  3. TOTAL P  4. TOTAL  5. TOTAL P  Commission Expires  P / SEAL ABOVE Scribed before I  July	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE SEEN MADE WITHOUT THE CANC CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY F  COMMITTEE TYPE  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST IN OF REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD  1 Swear, or affirm, under penalty or is true and contectand includes all me under Title 15 Election Code.  DORIS J. SPEER  Notary Public, State of Texas Commission Expires 08-22-2016  P/ SEAL ABOVE  scribed before me, by the said  DO (1) July , 20 12 , to certify which, witness in the content of the c

Austin, Texas 78711-2070 (512) 463-5800

### **POLITICAL CONTRIBUTIONS**

#### SCHEDULE A

(TDD 1-800-735-2989)

			1 Total pages Sch	adula A
The	instruction Guide explains how to complete this	form.	1 Total pages Scri	1
2 FILER NAME	Jeffie K. Cappadonna		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Pat Bailey		contribution (\$)	description (if applicable)
05/08/2012	6 Contributor address; City; State; Zip Code		\$73.00	Election Day Donuts from Champi
	1319 Dove Trails, Tomball, TX		,	Donuts
	ian g		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution
05/10/2012	Pat Bailey		contribution (\$)	description (if applicable) Election day
,	Contributor address; City; State; Zip Code		\$45.00	supplies (poster
	1319 Dove Trails, Tomball, TX	77375		board, pens, plate
			(If travel outside o	napkins). of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or remain an arrangement of the second of th
Date	Full name of contributor		Amount of	In-kind contribution
05/12/2012	Pat Bailey		contribution (\$)	description (if applicable)
33, 12, 2011	Contributor address; City; State; Zip Code		377.17	Election evening
	1319 Dove Trails, Tomball, TX	77375		refreshments from
				Rib Tickler
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
5.4	Full core of contributes — — — — — — — — — — — — — — — — — — —		A	la fried apparituation
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			!
	31			
				 of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
			COMMISSION (C)	accompliant (ii applicable)
	Contributor address; City; State; Zip Code			1
	•			<u> </u>
Dringing com	estion / leb title (Coe Instructions)	Employer (See		of Texas, complete Schedule T)
Findipal occu	pation / Job title (See Instructions)	Employer (See	maductions)	

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Automaticina Francisco			na Barana MBalakarana A	
Advertising Expense			Loan Repayment/Reimbursement	
Accounting/Banking	-	•	ansportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District		ontributions/Donations Made By Candidate/Officeholder/Political Committee	
Event Expense	Polling Expense Travel Out Of Dis			
Fees	Printing Expense Office Overhead/F	Rental Expense O	THER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form		
4 Tatal assess Cabadala F	A CUED MANE		A ACCOUNT # (Fabine Commission Files)	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
_	Jeffie K. Cappadonna			
4 Date 07/03/2012	5 Payee name Jeffie K. Cappadonna			
6 Amount (\$)	7 Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·	
G Amount (\$)	, , , , , , , , , , , , , , , , , , , ,			
201 21	12727 Zion Rd., Tomball, TX 773	375		
391.21				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if	travel outside of Texas, complete Schedule T)	
8 PURPOSE OF		Partial res	imbursement of 5/3/2012	
EXPENDITURE	Loan Payment/Reimbursement	expenditure	from personal funds paid t	
		Tomal 1 Marror	lia Tribune	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	lia Tribune Office held	
5-4-	Payer name			
Date	Payee name			
A (m)	Davis address: City State: 7in Code	<del></del>		
Amount (\$)	Payee address; City; State; Zip Code			
			İ	
·		200		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF		1		
EXPENDITURE			1	
Complete ONLY if dispet	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Cilioc sought	Office field	
experiditure to beliefit o/c	MI			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
			i	
		1		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF			I	
EXPENDITURE			ļ	
	Candidate / Officeholder name	Office sevent	Office held	
Complete ONLY if direct		Office sought	Onice neig	
expenditure to benefit C/C	חל		1	
	r			
Date	Payee name		19	
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
OF	,		. ,	
EXPENDITURE				
	<u> </u>	1		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/	OH			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED	

Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense **Printing Expense**  Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.				
1 Total pages Schedule G: 1	2 FILER NAME Jeffie K. Cappadonna		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name			
05/03/2012	Tomball Magnolia Tribune	+8		
6 Amount (\$)	7 Payee address; City; State; Zip Code	·		
795.05	517 W. Main St., Tomball, TX 77	375	9	
Reimbursement from political contributions intended				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	Campaign Newspaper Ad		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code		2	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)	
Date	Payee name	I.		
Amount (\$)	Payee address; City; State; Zip Code		Ÿ	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The instruction Guide explains how to complete this form.  Complete only if "Report Type" on page 1 is marked "Final Report" ••
C/OH	NAME 2 ACCOUNT # (Ethics Commission Filers
	Jeffie K. Cappadonna
SIGN	IATURE
report	of expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions as a final report terminates my campaign treasurer appointment on file.  Signature of Candidate of Ca
	R WHO IS NOT AN OFFICEHOLDER  nplete A & B below <i>only</i> if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Che	ock only one:
×	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
8.	ASSETS
Che	ck only one:
X	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	CEHOLDER
•• Cor	nplete this section <i>only</i> if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.  I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder